

MMIA Employee Benefits Programs ~ City of Helena Standard Plan Offerings

Effective Date: 7/1/12&13

This Document is a Summary of Coverage Only. The MMIA Employee Benefits Program Plan Documents must be referenced for details of all coverages.

	Bridger Plan		Madison Plan		Mission Plan		HDHP ~ HSA Qualified	
Medical Benefits ~ Cost Sharing Provisions	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO
Annual Deductible	\$500 (Individual) ~ \$1,000 (Family)		\$500 (Individual) ~ \$1,000 (Family)		\$1,000 (Individual) ~ \$2,000 (Family)		\$2,700 (Individual) ~ \$5,400 (Family)	
Benefit Percentage								
Before satisfaction of Out-of-Pocket Maximum	80%	60%	70%	50%	60%	40%	80%	60%
After satisfaction of Out-of-Pocket Maximum	100%	100%	100%	100%	100%	100%	100%	100%
Annual Out-of-Pocket Maximum (Includes Deductible)	\$1,500 (Individual) ~ \$3,000 (Family)		\$2,000 (Individual) ~ \$4,000 (Family)		\$3,000 (Individual) ~ \$6,000 (Family)		\$5,250 (Individual) ~ \$10,500 (Family)	
Preventive Care	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO
Preventive Benefit (as recommended by US Preventive Services Task Force, CDC, and Health Resources & Services Administration at www.healthcare.gov)	Deductible waived, 100%		Deductible waived, 100%		Deductible waived, 100%		Deductible waived, 100%	
Medical Services	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO
Accidental Injury Benefit	100% to \$300; then 80%	100% to \$300; then 60%	100% to \$300; then 70%	100% to \$300; then 50%	100% to \$300; then 60%	100% to \$300; then 40%	Deductible Applies, 80%	Deductible Applies, 60%
Chiropractic Care	Deductible Waived, 80% to \$400 plus \$100 x-ray benefit	Deductible Applies, 60% to \$400 plus \$100 x-ray benefit	Deductible Waived, 70% to \$400 plus \$100 x-ray benefit	Deductible Waived, 50% to \$400 plus \$100 x-ray benefit	Deductible Waived, 60% to \$400 plus \$100 x-ray benefit	Deductible Applies, 40% to \$400 plus \$100 x-ray benefit	Deductible Applies, 80% to \$400 plus \$100 x-ray benefit	Deductible Applies, 60% to \$400 plus \$100 x-ray benefit
Diabetic Education Benefit	Deductible Waived, 100%		Deductible Waived, 100%		Deductible Waived, 100%		Deductible Applies, 100%	
Diagnostic Services (Inpatient & Outpatient)								
Professional Provider Expenses	Deductible Waived, 80%	Deductible Applies, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Waived, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Facility Provider Expenses	Deductible Applies, 80%	Deductible Applies, 60%	Deductible Applies, 70%	Deductible Applies, 50%	Deductible Applies, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Durable Medical Equipment								
Rental or purchase	Deductible Applies, 80%	Deductible Applies, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Applies, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Repair and Replacement	Deductible Applies, 50%	Deductible Applies, 50%	Deductible Applies, 50%	Deductible Applies, 50%	Deductible Applies, 50%	Deductible Applies, 50%	Deductible Applies, 50%	Deductible Applies, 50%
Emergency Room Care	Deductible Applies, 80%	Deductible Applies, 60%	Deductible Applies, 70%	Deductible Applies, 50%	Deductible Applies, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Employee Assistance Program (EAP)	5 Visits, Deductible Waived, 100%		5 Visits, Deductible Waived, 100%		5 Visits, Deductible Waived, 100%		5 Visits, Deductible Waived, 100%	
Home Health Care	Deductible Waived, 50%		Deductible Waived, 50%		Deductible Waived, 50%		Deductible Waived, 50%	
Hospice Care	Deductible Waived, 100%		Deductible Waived, 100%		Deductible Waived, 100%		Deductible Applies, 80%	Deductible Applies, 60%
Hospital Facility Services (Inpatient & Outpatient)	Deductible Applies, 80%	Deductible Applies, 60%	Deductible Applies, 70%	Deductible Applies, 50%	Deductible Applies, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Maternity Services								
Professional Provider Expenses (Inpatient & Outpatient)	Deductible Waived, 80%	Deductible Applies, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Waived, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Facility Provider Expenses (Inpatient & Outpatient)	Deductible Applies, 80%	Deductible Applies, 60%	Deductible Applies, 70%	Deductible Applies, 50%	Deductible Applies, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Newborn Initial Care	Deductible Waived, 80%	Deductible Waived, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Waived, 60%	Deductible Waived, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Obesity Surgery - One per lifetime	Deductible Applies, 80%	Deductible Applies, 60%	Deductible Applies, 70%	Deductible Applies, 50%	Deductible Applies, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Benefit Max for Procedure	\$30,000		\$30,000		\$30,000		\$30,000	
Organ/Tissue Transplants ~ Only at Center of Excellence								
Professional Provider Expenses	Deductible Waived, 80%	Deductible Applies, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Waived, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Facility Provider Expenses	Deductible Applies, 80%	Deductible Applies, 60%	Deductible Applies, 70%	Deductible Applies, 50%	Deductible Applies, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Professional Provider Services ~ (Inpatient & Outpatient)	Deductible Waived, 80%	Deductible Applies, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Waived, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Rehabilitation Therapy ~ (Inpatient and Outpatient)								
Professional Provider Expenses	Deductible Waived, 80%	Deductible Applies, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Waived, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Facility Provider Expenses	Deductible Applies, 80%	Deductible Applies, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Applies, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Mental Illness								
Professional Provider Expenses	Deductible Waived, 80%	Deductible Applies, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Waived, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Facility Provider Expenses	Deductible Applies, 80%	Deductible Applies, 60%	Deductible Applies, 70%	Deductible Applies, 50%	Deductible Applies, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Therapies - Physical, Occupational, Speech, Cardiac								
Professional Provider Expenses	Deductible Waived, 80%	Deductible Applies, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Waived, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Facility Provider Expenses	Deductible Applies, 80%	Deductible Applies, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Applies, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Chemical Dependency Treatment								
Professional Provider Expenses ~ (Inpatient & Outpatient)	Deductible Waived, 80%	Deductible Applies, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Waived, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Facility Provider Expenses ~ (Outpatient)	Deductible Applies, 80%	Deductible Applies, 60%	Deductible Waived, 70%	Deductible Waived, 50%	Deductible Applies, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Facility Provider Expenses ~ (Inpatient)	Deductible Applies, 80%	Deductible Applies, 60%	Deductible Applies, 70%	Deductible Applies, 50%	Deductible Applies, 60%	Deductible Applies, 40%	Deductible Applies, 80%	Deductible Applies, 60%
Prescription Drug Plan								
Deductible	No Deductible		No Deductible		No Deductible		No Deductible	
Generic	\$4 Co-pay Retail/ \$8 Co-pay Mail Order		\$4 Co-pay Retail/ \$8 Co-pay Mail Order		\$4 Co-pay Retail/ \$8 Co-pay Mail Order		Deductible Applies, 80%	
Brand ~ Formulary	\$20 Co-pay Retail/ \$40 Co-pay Mail Order		\$20 Co-pay Retail/ \$40 Co-pay Mail Order		\$20 Co-pay Retail/ \$40 Co-pay Mail Order		Deductible Applies, 80%	
Non-Formulary	\$50 Co-pay Retail/ \$100 Co-pay Mail Order		\$50 Co-pay Retail/ \$100 Co-pay Mail Order		\$50 Co-pay Retail/ \$100 Co-pay Mail Order		Deductible Applies, 80%	